



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 6810 Owings Overlook
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: 2220
 Lot: 23 Tax Map: 0040 Parcel: 0044

Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$ 100,000

Description of Work: Finish basement to include recreation room with wet bar and separate full bathroom and gym. 1850 of finished area.

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: P. Gabriel Peterson + Ameer Patel
 Address: 6810 Owings Overlook
 City: Highland State: MD Zip Code: 20777
 Phone: 202-236-7821 Fax: _____
 Email: pgpeterson@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Toni Stone / Antoinette
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Owings Home Services
 Contact Person: Antoinette Stone
 Address: 1912 Liberty Rd
 City: Eldersburg State: MD Zip Code: 21784
 License No.: 126522
 Phone: 410-549-3800 Fax: 410-549-9668
 Email: toni@owingshomeservices.com

Engineer/Architect Company: N/A
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
➤ Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Antoinette D. Stone
 Applicant's Signature
toni@owingshomeservices.com
 Email Address

 Title/Company

Antoinette D. Stone
 Print Name
2-21-19
 Date

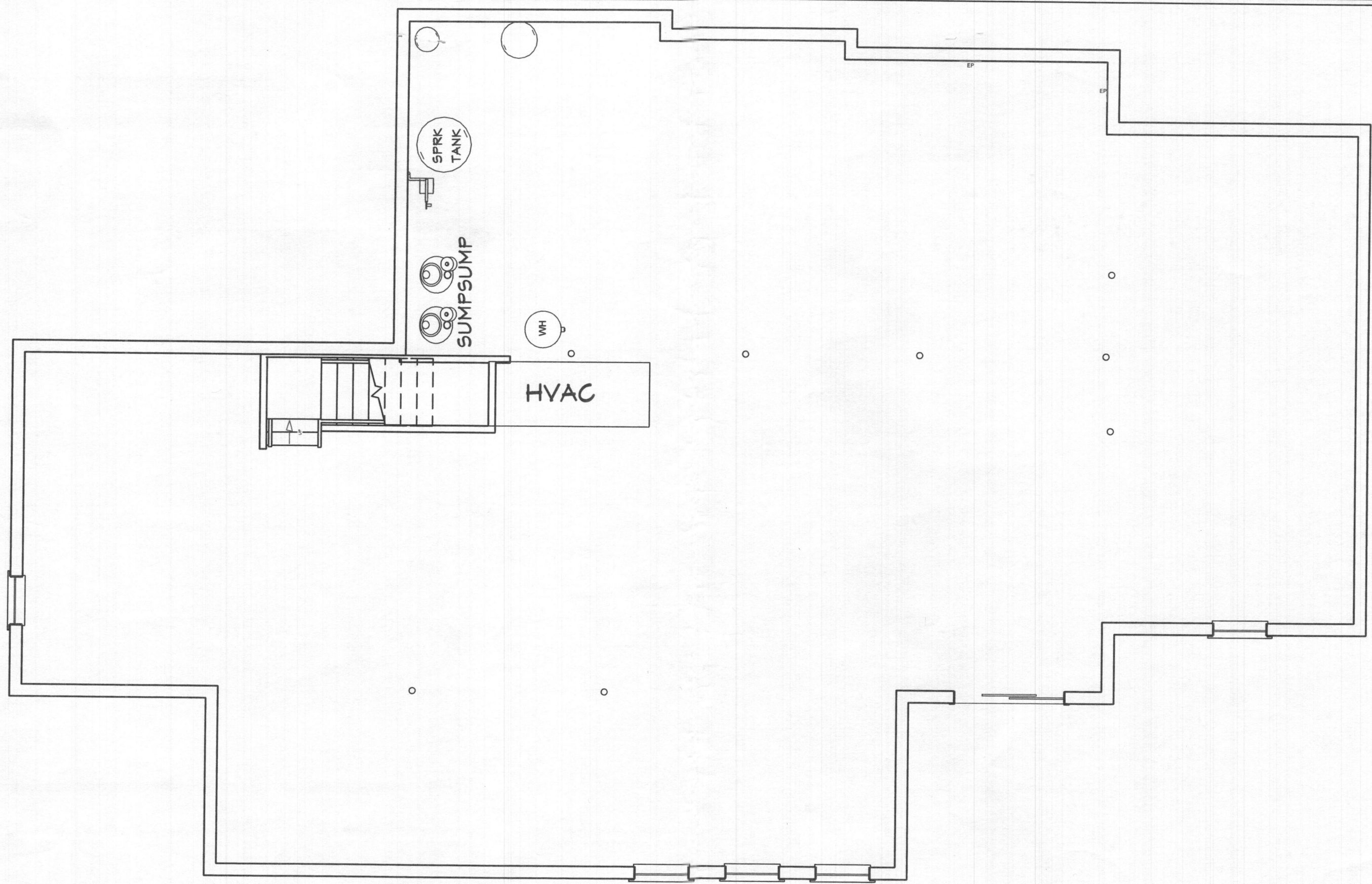
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/21/19</u>	<u>K. M. Way</u>


Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#



EXISTING FLOOR PLAN

<p>PROJECT DESCRIPTION:</p> <p>Petersen Basement</p>	<p>THIS DRAWING IS THE PROPERTY OF OWINGS HOME SERVICES. ALL RIGHTS RESERVED. DUPLICATION OF THIS DRAWING IN ANY FORM IS NOT PERMITTED WITHOUT THE EXPRESSED WRITTEN CONSENT OF OWINGS HOME SERVICES.</p> <p>THE PLANS, ELEVATIONS, DETAILS ETC. CONTAINED HEREIN ARE FOR GENERAL REFERENCE ONLY. FIELD VERIFY ALL DIMENSIONS</p>	<p>DATE: 2/21/19</p> <p>SCALE: NTS</p>	
--	---	--	---

